



1. Read the application, all instructions, and all enclosures.
2. Complete all applicable areas.
3. Sign and date the application and have your new employer sign the authorization to work statement.
4. Write a check to the **Washington State Gambling Commission** for the correct fee and attach to the application.
5. Mail your application and fee to the Gambling Commission at the PO Box above.

Please use the following examples to fill out this form:

- For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

1	2	3	4	5	6	7	8	9	0
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– Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This → ☒

Not Like This → ☐ ☒

– When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.

- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

[illegible]

First Name: | | | | | | | | | | | | | | | | | | | | MI: |

Home Address: | | | | | | | | | | | | | | | | | | | | | |

City	State	Zip
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County _____ Telephone Number _____

_____ - _____ - _____ Social Security Number
 _____ - _____ - _____ Fax Number

|_|_|_| / |_|_|_| / |_|_|_| | |_|_|_|_| - |_|_|_|_| - |_|_|_|_|
Birthdate Cell Phone Number (Optional)

E-Mail Address: | | | | | | | | | | | | | | | | | | | | | |

- | | |
|---|----------------|
| <input type="checkbox"/> Distributor Representative | Fee: \$ 146.00 |
| <input type="checkbox"/> Gambling Service Supplier Representative | Fee: \$ 146.00 |

Business Office Use Only:

Code: 211- | | Date: | | / | | / | | | Amt: \$| | | | .00 Val #:

Name: | | | | | | | | | | | | | | | | | | | | | |

Address:

Have you terminated employment with the employer listed above? ☐ Yes ☐ No

If YES, what was the last date of your employment? |__|_| / |__|_| / |__|_| (see Note below)

If NO, have you notified your employer that you are terminating employment? ☐ Yes ☐ No

If YES, attach a copy of your termination letter / statement signed by the distributor or gambling service supplier wishing to employ you. ***Upon termination of employment, the license shall immediately become void and shall be surrendered with this application.*** See WAC 230-04-125(2).

If NO, STOP. You do not qualify to change employers. Please reapply after you have arranged to terminate employment.

Note: In support of WAC 230-04-125, we will be contacting your previous employer to confirm that you ceased working for them on the date you specify.

Name: |

[illegible]

County Telephone Number

Do you or your spouse have any financial interest in the business you now wish to work for? ☐ Yes ☐ No

(If your only interest is as an employee, answer NO.) **If YES**, include documentation that fully describes your interest.

Have there been changes to any of the information submitted with your previous application(s)? ☐ Yes ☐ No

If YES, include documentation that fully describes any changes.

NOTE: Prior to granting a license, the commission may conduct an investigation for continued qualification, which may include inquiries to the previous employer.

I, _____ owner / CEO (Circle One)

hereby authorize the applicant to submit this application to become:

- ☐ A Representative of my distributor business.
- ☐ A Representative of my service supplier business.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WACs 230-04-022, 230-12-305, and 230-12-310.

Signature

Date

SPECIAL INFORMATION

Once the gambling commission approves this change; you will be sent a new license, with the name of your new employer or distributor, but will have the same expiration date as your previous license.

WAC 230-04-125 DISTRIBUTOR OR GAMBLING SERVICES SUPPLIER REPRESENTATIVE LICENSE – RESTRICTIONS AND PROCEDURES FOR CHANGING EMPLOYMENT. All licensed distributor or gambling services supplier representatives shall abide by the following restrictions and procedures when changing employers:

What happens if I leave the employment of the distributor or gambling services supplier I represent?

(1) In the event that a licensed distributor or gambling services supplier representative ceases to represent the distributor or gambling services supplier under which a license was granted for any reason, the representative shall immediately notify the commission. Upon termination of employment the license shall immediately become void and shall be returned to the commission.

What steps must I complete prior to beginning employment to represent another distributor or gambling services supplier?

(2) Prior to beginning employment to represent any other distributor or gambling services supplier, a previously licensed distributor or gambling services

supplier representative shall submit a new application. The application shall include a statement that the previous employer has been notified of the change in employment and shall be signed by the distributor or gambling services supplier wishing to employ the distributor or gambling services supplier representative.

Can I begin to represent my new employer prior to receiving my license?

(3) A previously licensed distributor or gambling services supplier representative shall not represent a new employer prior to receiving a license from the commission. Prior to granting a license to a previously licensed individual, the commission may conduct an investigation to determine the continued qualification of the individual. Such investigation may include inquiries to the previous employer.

What is the fee for obtaining a license to represent another distributor or gambling services supplier?

(4) The fee for a license to represent a different distributor or gambling services supplier shall be the same as a license renewal, as set forth in WAC 230-04-204. The expiration date for such license shall be as set forth in WAC 230-04-190.